

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

318

1003

45659
STATE FILE NUMBER

12265

Registration District No. Primary Registration District No.

Registrar No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis</u> TOWN				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR <u>St. Louis</u> TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>01 INSTITUTION 3963 DeTonty St</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>3963 DeTonty St.</u>	
3. NAME OF DECEASED (Type or print) First <u>IVOL</u> Middle <u>J.</u> Last <u>BROWN</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>20</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 16-1940</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>17</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Harry D. Brown</u>				14. MOTHER'S MAIDEN NAME <u>Emma Wehmüller</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Harry D. Brown 3963 DeTonty St</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>491x</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>800 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joseph M. Quinn</u> (Deputy Coroner)				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>12/21/57</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 23-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Pk. Crmtery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Leidner Und. Co. 2223 St. Louis Ave.</u>				25. DATE RECD. BY LOCAL REG. <u>DEC 21 '57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *307*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.